

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Insured Name: Cameron Mutual Insurance Company
 NAIC Number: 0532-15725
 Name of Advisory Organization Whose Filing you are Referencing: N/A
 Co. Affiliation to Advisory Organization: Member: N/A
 Reference #: N/A

Contact Person: David Grimm
 Signature: [Signature]
 Telephone #: 1-800-326-6511 Ext. 355
 Service Purchaser: ISO
 Subscriber: X
 Proposed Effective Date: 1/1/2006

| (1) LINE OF BUSINESS By Coverage | (2) Indicated % Rate Level Change | (3) Requested % Rate Level Change | For Lost Costs Only | | | | |
|--|--|--|-------------------------------|--|--|---|---|
| | | | (4) Expected Lost Ratio | (5) Lost Cost Modification Factor | (6) Selected Lost Cost Multiplier | (7) Expense Constant (If Applicable) | (8) Co. Current Loss Cost Multiplier |
| Standard Auto (now includes Special Auto) | | | | | | | |
| BI | -2.2% | -2.2% | | | | | |
| PD | -2.2% | -2.2% | | | | | |
| MP | -1.1% | -1.1% | | | | | |
| UMBI | 0.2% | 0.2% | | | | | |
| UIMBI | -2.0% | -2.0% | | | | | |
| Comp | -1.0% | -1.0% | | | | | |
| Coll | -0.9% | -0.9% | | | | | |
| TOTAL OVERALL EFFECT | -1.5% | -1.5% | | | | | |

N/A Apply Loss Cost Factors to Future Filings? (Y or N)
 Unknown Estimated Maximum Rate Increase for any Arkansas Insured (%)
 Unknown Estimated Maximum Rate Decrease for any Arkansas Insured (%)

5 Year History

| Year | Policy Count | Rate Change % | History Effective Date | AR Earned Premium (000) | Incurred Losses (000) | Arkansas Loss Ratio | Countrywide Loss Ratio |
|------|-----------------|------------------|---------------------------|----------------------------|--------------------------|------------------------|---------------------------|
| 2004 | 1340 | -4.8% | 9/1/2004 | 1900 | 1064 | 56.0% | 63.0% |
| 2003 | 1307 | 0.0% | 9/1/2003 | 1767 | 1498 | 84.8% | 58.0% |
| 2002 | 1248 | 3.6% | 8/1/2002 | 1655 | 1064 | 64.3% | 68.0% |
| 2001 | 1250 | 9.8% | 8/1/2001 | 1599 | 925 | 57.8% | 58.0% |
| 2000 | 1410 | 5.0% | 8/1/2000 | 1679 | 1181 | 70.3% | 57.0% |

Corresponds to Question 3 on RF-2 or RF-WO

Selected Provisions

| | |
|--|-----|
| A. Total Production Expense | N/A |
| B. General Expense | N/A |
| C. Taxes, License, and Fees | N/A |
| D. Underwriting Profit & Contingencies | N/A |
| E. Other | N/A |
| F. TOTAL | N/A |